

**Affected Programs:** BadgerCare Plus, Medicaid  
**To:** Licensed Midwives, HMOs and Other Managed Care Providers

## Licensed Midwives May Now Become Wisconsin Medicaid Providers

Based on a provision of the 2015-17 Biennial State Budget (2015 Wisconsin Act 55), licensed midwives may now become Wisconsin Medicaid providers. Effective for dates of service on and after January 1, 2017, ForwardHealth will begin covering certain services provided by midwives who are licensed under Wis. Stat. § 440.982 and enrolled in Wisconsin Medicaid as licensed midwives. This *ForwardHealth Update* includes information on enrolling in Wisconsin Medicaid, as well as policy and program guidelines for Medicaid-enrolled licensed midwives.

### Overview

Based on a provision of the 2015-17 Biennial State Budget (2015 Wisconsin Act 55), licensed midwives may now become Wisconsin Medicaid providers. Effective for dates of service (DOS) on and after January 1, 2017, ForwardHealth will begin covering certain services provided by midwives who are licensed under Wis. Stat. § 440.982 and enrolled in Wisconsin Medicaid as licensed midwives. This *ForwardHealth Update* includes information on enrolling in Wisconsin Medicaid, as well as policy and program guidelines for Medicaid-enrolled licensed midwives. The policy in this *Update* applies to services members receive on a fee-for-service basis only. See information below for general guidance on providing services to members enrolled in a Medicaid Supplemental Security Income (SSI) or BadgerCare Plus HMO.

Information from this *Update* will be included in a new Licensed Midwife service area of the Online Handbook on the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/); this service area is currently being developed and will be available in early 2017. Until the Licensed Midwife service area of the Online Handbook becomes available, providers should:

- Refer to this *Update* for policy and billing information that applies to licensed midwives.
- Refer to the Physician service area of the Online Handbook for policy that affects all provider types.

### Providing Services to Members Enrolled in a Medicaid Supplemental Security Income or BadgerCare Plus HMO

Members enrolled in a Medicaid SSI or BadgerCare Plus HMO must obtain their obstetric care and initial newborn care from a Medicaid-enrolled provider participating in the HMO's network. Medicaid-enrolled licensed midwives who are interested in providing obstetric services to a Medicaid SSI or BadgerCare Plus HMO member will be required to contract with the HMO directly. Medicaid-enrolled licensed midwives who do not have a contract with a member's Medicaid SSI or BadgerCare Plus HMO are referred to as non-network providers; Medicaid-enrolled non-network providers may not serve Medicaid SSI or BadgerCare Plus members as private-pay patients.

Licensed midwives interested in participating in a Medicaid SSI or BadgerCare Plus HMO should contact the HMO for

more information. Medicaid holds HMOs accountable for providing members with adequate and timely access to maternity care and delivery services, but HMOs are given discretion as to the specific providers with whom they contract to meet member access requirements.

Refer to the Managed Care section of the of the Physician service area of the Online Handbook for more information on Medicaid managed care. Providers can also refer to the Managed Care Organization (MCO) area of the ForwardHealth Portal at [www.forwardhealth.wi.gov/WIPortal/Subsystem/ManagedCare/ManagedCareLogin.aspx](http://www.forwardhealth.wi.gov/WIPortal/Subsystem/ManagedCare/ManagedCareLogin.aspx) to access key MCO/HMO information and web tools.

## **Medicaid Enrollment Requirements**

ForwardHealth will require licensed midwives who provide services to ForwardHealth members to be enrolled in Wisconsin Medicaid.

### ***Enrollment Criteria***

To enroll in Wisconsin Medicaid as a licensed midwife, midwives are required to be licensed by the Wisconsin Department of Safety and Professional Services (DSPS) under Wis. Stat. § 440.982. Midwives do not need to submit or upload their license to the ForwardHealth Portal. ForwardHealth will automatically verify the license with DSPS.

### ***Enrollment Start Date***

Beginning December 19, 2016, midwives who are licensed under Wis. Stat. § 440.982 may begin the Medicaid enrollment process via the Portal. Licensed midwives interested in Medicaid enrollment are encouraged to begin the enrollment process as soon as possible on or after this date.

### ***Medicaid Enrollment Process***

To be enrolled in Wisconsin Medicaid, licensed midwives will be required to complete the Medicaid enrollment process. Refer to Attachment 1 of this *Update* for details on

the Medicaid enrollment process, including the following enrollment-related topics:

- Completing and submitting enrollment applications including:
  - National Provider Identifier
  - Taxonomy code
- Tracking enrollment through the Portal
- Effective date of enrollment
- Enrollment revalidation including:
  - Revalidation requirements
  - Revalidation notice
  - Failure to revalidate

Licensed midwives can refer to the Provider Enrollment Information page of the Portal for enrollment information. Beginning December 19, 2016, specific enrollment criteria for licensed midwives will be available by selecting the Become a Provider link from the Portal home page and then selecting the Information for Specific Provider Types link.

*Note:* Nurse midwives already enrolled in Wisconsin Medicaid and BadgerCare Plus do not need to separately enroll as a licensed midwife since the list of covered services allowed for licensed midwives are also allowed for nurse midwives.

### ***ForwardHealth Portal Access***

Once enrolled as a Medicaid provider, licensed midwives are strongly encouraged to request a secure ForwardHealth Provider Portal account. The secure Portal allows providers to conduct business and exchange electronic transactions with ForwardHealth. This includes:

- Verifying member enrollment.
- Submitting claims.
- Viewing Remittance Advices.
- Receiving secure messages.
- Updating information through the demographic maintenance tool.

Refer to the Account User Guide on the Portal User Guides page of the Portal at [www.forwardhealth.wi.gov/WIPortal/content/Provider/userguides/userguides.htm.spage](http://www.forwardhealth.wi.gov/WIPortal/content/Provider/userguides/userguides.htm.spage) for more information on establishing and managing a Portal account.

User guides are described in the User Guides and Instruction Sheets section of this *Update*.

## **Covered Services**

ForwardHealth will cover maternity and newborn care services provided by a licensed midwife when they are within the licensed midwife's legal scope of practice (pursuant to Wis. Admin. Code chs. SPS 180–183).

Maternity care includes antepartum care, delivery, and postpartum care.

*Note:* Information in this *Update* does not affect maternity care services provided by other Medicaid-enrolled providers, including nurse midwives.

## ***Global Obstetric Care***

In most instances, licensed midwives will report maternity care as global obstetric care on a claim. Global obstetric care will be covered when the licensed midwife renders antepartum care, delivery, and postpartum care. In order for a licensed midwife to submit a claim for global obstetric care, **all** of the following must occur:

- A minimum of six antepartum visits
- Vaginal delivery
- A minimum of one postpartum visit

When submitting claims for global obstetric care, licensed midwives should use the single most appropriate *Current Procedural Terminology* (CPT) obstetric procedure code and a single charge for the service. Licensed midwives should use the date of delivery as the DOS. If the required postpartum visit does not occur (following claim submission for the global delivery), the licensed midwife is required to adjust the claim to reflect antepartum care and delivery only.

If fewer than six antepartum visits occur, the licensed midwife who performs the delivery may submit a claim using the appropriate delivery procedure code and, as appropriate, antepartum and postpartum visit procedure codes. If complications arise during the pregnancy and the member must be referred to a physician, the licensed midwife may submit a claim using the appropriate procedure code(s) for the prenatal care provided.

## ***Supplies and Materials for Home Delivery***

ForwardHealth will reimburse all supplies and materials used for home delivery under Healthcare Common Procedure Coding System (HCPCS) procedure code S8415 (Supplies for home delivery of infant).

## ***Newborn Screenings***

Licensed midwives are required to offer to test newborns for certain congenital and metabolic disorders, per Wis. Stat. § 253.13. These tests require a prepaid filter paper card purchased from the State Laboratory of Hygiene. Wisconsin Medicaid will reimburse licensed midwives for purchasing the prepaid filter paper cards for newborn screenings performed outside a hospital setting. Medicaid reimbursement for the filter paper cards will include the laboratory handling fee. Reimbursement will be limited to one prepaid filter paper card per newborn.

## ***Newborn Hearing Screening***

Evoked otoacoustic emissions hearing screens for newborns will be included in the evaluation and management (E&M) of the newborn and will not be separately reimbursable. Wisconsin Medicaid will separately reimburse CPT code 92586 (Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited) following a newborn's failed hearing screening, if medically necessary.

## ***Critical Congenital Heart Disease Screening***

Screening for critical congenital heart disease by pulse oximetry will be included in the initial E&M of the newborn and will not be separately reimbursable.

## **Documentation Requirements**

Licensed midwives will be required to maintain documentation in accordance with Wis. Admin. Code ch. DHS 106 and other applicable laws and rules. According to Wis. Admin. Code § DHS 106.02(9)(f), covered services are not reimbursable under Wisconsin Medicaid unless the documentation and medical record keeping requirements are met. Licensed midwives will be required to produce documentation upon request from the Wisconsin Department of Health Services (DHS) or federal auditors.

Documentation will be evaluated by DHS during the audit process.

## Noncovered Services

The following services will not be covered by ForwardHealth:

- Services outside the midwife's scope of practice
- Maternal or newborn care provided more than six weeks after delivery
- Birthing/labor pools, tanks, and tubs

## Services Not Separately Reimbursable

The following services will be included in the reimbursement for maternity and newborn care and will not be separately reimbursable by Wisconsin Medicaid:

- Individual charges for supplies and materials (e.g., disposable gloves and injection supplies) used in conjunction with a home delivery
- Office visit codes for maternity care
- Initial newborn hearing screen
- Pulse oximetry
- Venipuncture
- Family planning counseling
- Time spent travelling by the licensed midwife
- Initial hearing and cardiovascular screening

## Newborn Reporting Requirement

Licensed midwives will be required to report to ForwardHealth any baby they deliver to a BadgerCare Plus member. The baby's birth must be reported as soon as possible, but no later than three days after the birth in order to avoid a delay in establishing the baby's enrollment in BadgerCare Plus. A baby's birth should be reported to ForwardHealth even if that baby is born alive but does not survive, or if that baby will not stay with the mother after birth. Refer to the Newborn Reporting topic (topic #552) of the Special Enrollment Circumstances chapter of the Member Information section of the Physician service area of the Online Handbook for detailed information regarding newborn reporting.

## Coordination of Benefits

Except for a few instances, Wisconsin Medicaid is the payer of last resort for any covered services. Therefore, licensed

midwives are required to make a reasonable effort to exhaust all existing other health insurance sources before submitting claims to ForwardHealth. Refer to the Medicaid as Payer of Last Resort topic (topic #388) of the Claims chapter of the Managed Care section of the Physician service area of the Online Handbook for more information.

*Note:* Licensed midwives will not be required to submit claims to other insurance sources for home births.

## Claim Submission

Licensed midwives will be able to submit claims to ForwardHealth in the following ways:

- Electronically using the 837 Health Care Claim: Professional (837P) transaction:
  - ü Electronic claims for licensed midwife services must be submitted using the 837P transaction. Claims for licensed midwife services submitted using any transaction other than the 837P will be denied.
  - ü Licensed midwives should use the companion document for the 837P transaction when submitting these claims.
  - ü Licensed midwives are encouraged to submit claims electronically, since electronic claims submission usually reduces claims errors and expedites reimbursement.
- Via the ForwardHealth Portal. Licensed midwives should refer to the Professional Claims User Guide on the Portal User Guides page of the Portal for more information on submitting a professional claim.
- On paper using the 1500 Health Insurance Claim Form:
  - ü Paper claims for licensed midwives must be submitted using the 1500 Health Insurance Claim Form. Claims for licensed midwives submitted on any other claim form will be denied.
  - ü ForwardHealth does not provide the 1500 Health Insurance Claim Form. The form may be obtained from any federal forms supplier.
  - ü Claims submitted to ForwardHealth on paper will be subject to a \$1.10 reimbursement reduction per claim.

Refer to the Submission chapter in the Claims section of the Physician service area of the Online Handbook for additional information regarding claim submission.

#### *Valid and Allowable Codes and Modifiers*

Use of valid and allowable codes will be required on all claims. Claims received without a valid and allowable procedure, diagnosis, and place of service (POS) code will be denied. Refer to the Valid Codes Required on Claims topic (topic #830) of the Codes chapter of the Covered and Noncovered Services section of the Physician service area of the Online Handbook for more information on valid codes.

Refer to the following attachments for additional information on allowable codes:

- Attachment 2 for a list of allowable procedure codes, POS codes, modifiers, and maximum allowable fees
- Attachment 3 for allowable modifiers and descriptions
- Attachment 4 for examples of allowable diagnosis codes
- Attachment 5 for allowable POS codes and descriptions

#### *Provider-Administered Drugs*

A provider-administered drug is either an oral, injectable, intravenous, or inhaled drug administered by a physician or a designee of the physician (e.g., licensed midwife, nurse, nurse practitioner, physician assistant).

For members enrolled in BadgerCare Plus HMOs, Medicaid SSI HMOs, and most special managed care programs, claims for provider-administered drugs should be submitted to BadgerCare Plus and Medicaid fee-for-service. Refer to the Provider-Administered Drugs topic (topic #5697) of the Covered Services and Requirements chapter of the Covered and Noncovered Services section of the Physician service area of the Online Handbook for detailed coverage information. Refer to the Provider-Administered Drugs topic (topic #4382) of the Submission chapter of the Claims section of the Physician service area of the Online Handbook for claim submission requirements.

#### *Remittance Advices*

ForwardHealth will provide licensed midwives with a Remittance Advice (RA) via their secure Provider Portal account when at least one claim, adjustment request, or

financial transaction is processed. Licensed midwives will need to access their secure Provider Portal account to obtain their RA. Refer to the Secure Area of the Provider Portal topic (topic #4741) of the Portal chapter of the Resources section of the Physician service area of the Online Handbook for detailed information regarding the secure Portal.

### **Member Enrollment Verification**

To prevent claim denials, licensed midwives should **always** verify a member's eligibility **before** providing services, to determine enrollment for the current date (since a member's enrollment status may change), to determine HMO enrollment status, and to discover any limitations to the member's coverage. Licensed midwives may want to verify the member's enrollment a second time before submitting a claim to find out whether the member's enrollment information has changed since the appointment. There are several options for obtaining enrollment information through Wisconsin's Enrollment Verification System; licensed midwives may refer to one of the following for more information:

- The Enrollment Verification System topic (topic #264) of the Enrollment Verification chapter of the Resources section of the Physician service area of the Online Handbook
- The Enrollment Verification topic (topic #5088) of the Portal chapter of the Resources section of the Physician service area of the Online Handbook

### **Reimbursement**

Licensed midwives will be reimbursed at the lesser of their billed amount or the maximum allowable fee for the service. ForwardHealth establishes maximum allowable fees for most covered services. Maximum allowable fees are based on various factors, including a review of usual and customary charges submitted, the Wisconsin State Legislature's Medicaid budgetary constraints, and other relevant economic limitations. Maximum allowable fees may be adjusted to reflect reimbursement limits or limits on the availability of federal funding as specified in federal law.

Selected services provided by licensed midwives will be eligible for Health Professional Shortage Area (HPSA)-

enhanced reimbursement. Services eligible for HPSA-enhanced reimbursement are identified with modifier AQ in Attachment 2. Refer to the Health Professional Shortage Areas topic (#648) of the Amounts chapter of the Reimbursement section of the Physician service area of the Online Handbook for additional information.

## **Resources for Additional Information**

Providers may refer to the following resources for additional information.

### ***ForwardHealth Updates***

*Updates* are the first source of provider information and announce the latest information on policy and coverage changes, claims submission requirements, and training announcements.

Revisions to policy information are incorporated into the Online Handbook in conjunction with published *Updates*. The Online Handbook also includes an Updates and Handbooks link to the ForwardHealth Publications page, which is an archive section where providers can research previously published *Updates*.

### ***Electronic Notifications from ForwardHealth***

In early 2017, ForwardHealth will send Portal account messaging and email subscription messaging to notify Medicaid-enrolled licensed midwives of newly released *Updates* and communicate training opportunities and other timely information. Licensed midwives who have established a Provider Portal account will automatically receive notifications from ForwardHealth in their Portal Messages inbox. Licensed midwives and other interested providers and parties may also register to receive email subscription notifications.

#### ***Email Subscription***

ForwardHealth will establish a new Licensed Midwife email subscription option. Refer to the ForwardHealth Portal Email Subscription User Guide for instructions about how to sign up for email subscriptions. The user guide is accessible via the Portal User Guides link on the Provider home page of the Portal. Any number of staff or other interested parties

from an organization may sign up for an email subscription and may select multiple subscription options.

### ***Online Handbook***

The Online Handbook, accessible from a link in the Providers box on the Portal home page, provides all policy and billing information for Wisconsin Medicaid and BadgerCare Plus in one centralized place. A secure Portal account is not required to use the Online Handbook as it is available from the public Portal.

The Online Handbook is designed to sort information based on user-entered criteria, such as program and provider type. It is organized into sections and chapters. Sections within each service area of the Online Handbook may include the following:

- Claims
- Coordination of Benefits
- Covered and Noncovered Services
- Managed Care
- Member Information
- Prior Authorization
- Provider Enrollment and Ongoing Responsibilities
- Reimbursement
- Resources

Each section consists of separate chapters (e.g., claims submission, procedure codes), and topics which contain more detailed information. Refer to Attachment 6 for information on conducting a topic search in the Online Handbook.

#### ***Licensed Midwife Service Area of the Online Handbook***

Policies included in this *Update* are specific to licensed midwives and will be added to the new Licensed Midwife service area of the Online Handbook on the Portal in early 2017. Providers should review the Licensed Midwife service area of the Online Handbook, when available, for complete information. Providers are responsible for keeping current with ForwardHealth policy and billing information as indicated in the Online Handbook.

## ***User Guides and Instruction Sheets***

Portal user guides and instruction sheets provide step-by-step instructions on how to work through various functional areas of the Portal such as the following:

- Member enrollment verification
- Prior authorization
- Claims functionality

A link to the user guides and instruction sheets is located on the Providers page of the Portal.

Licensed midwives may call the ForwardHealth Portal Helpdesk at 866-908-1363 with technical questions on Portal functions, including their Portal accounts, registrations, passwords, and submissions through the Portal.

## ***Provider Services***

Licensed midwives should call Provider Services at 800-947-9627 for answers to enrollment, policy, and billing questions.

Provider Services is organized to include program-specific and service-specific assistance to providers. Provider Services supplements the Portal and WiCall, the ForwardHealth automated voice response system, by providing information about the following:

- Billing and claim submissions
- Provider enrollment
- Coordination of benefits (e.g., verifying a member's other health insurance coverage)
- Assistance with completing forms
- Assistance with remittance information and claim denials
- Policy clarification
- Prior authorization status
- Verifying covered services

## ***Member Services***

Members should call Member Services at 800-362-3002 for information. Members should **not** be referred to Provider Services.

## **Information Regarding Managed Care Organizations**

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate MCO.

Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

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# ATTACHMENT 1

## Medicaid Enrollment

To be reimbursed for services provided to Medicaid or BadgerCare Plus members, licensed midwives will be required to be enrolled in Wisconsin Medicaid as described in Wis. Admin. Code ch. DHS 105. To enroll in Wisconsin Medicaid, licensed midwives will need to complete the application process. Licensed midwives may enroll in Wisconsin Medicaid beginning on December 19, 2016.

### Medicaid Enrollment Process

On and after December 19, 2016, licensed midwives should follow these steps to access the Medicaid enrollment application on the Portal:

1. Access the Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).
2. Select the Become a Provider link in the Provider box on the left side of the Portal home page. The Provider Enrollment Information home page will be displayed.
3. On the upper left side of the Provider Enrollment Information home page, select the Start or Continue Your Enrollment Application link.
4. In the To Start a New Medicaid Enrollment box, select the Medicaid/Border Status Provider Enrollment Application link.

Licensed midwives will need the following information on hand to complete the enrollment process:

1. Wisconsin Department of Safety and Professional Services (DSPS) license number. (*Note:* Licensed midwives should not submit or upload their license to the Portal. ForwardHealth will automatically verify the license with the DSPS.)
2. A National Provider Identifier (NPI).
3. A taxonomy code.

See below for additional information about NPIs and taxonomy codes.

### ***Completing and Submitting Enrollment Applications***

After accessing the enrollment application on the Portal, licensed midwives will be guided through a series of panels on which they will be asked to complete or verify specific information.

At the end of the enrollment application, licensed midwives will be required to do the following:

1. Select the Submit link to submit the enrollment application.
2. Print and maintain the enrollment documents in compliance with record retention requirements per Wis. Admin. Code § DHS 106.02(9).

### *National Provider Identifier*

Health care providers, including licensed midwives, are required to indicate a NPI on enrollment applications. The NPI is a 10-digit number obtained through the National Plan and Provider Enumeration System (NPPES).

Further information about the NPI is available on the National Plan & Provider Enumeration System website at [nppes.cms.hhs.gov/NPPES](http://nppes.cms.hhs.gov/NPPES).



## *Taxonomy Code*

Health care providers, including licensed midwives, are required to indicate a taxonomy code on enrollment applications. Licensed midwives already enrolled in Wisconsin Medicaid as a different provider type are required to provide a unique taxonomy on their licensed midwife enrollment application. Further information about health care provider taxonomy codes is available on the National Uniform Claim Committee website at [www.nucc.org/index.php/code-sets-mainmenu-41/provider-taxonomy-mainmenu-40](http://www.nucc.org/index.php/code-sets-mainmenu-41/provider-taxonomy-mainmenu-40).

## ***Tracking Enrollment Through the Portal***

Upon submission of the enrollment application, a licensed midwife will receive an application tracking number (ATN) that will allow him or her to track the enrollment application through the Portal. To check on the status of the enrollment application, the licensed midwife should follow these steps:

1. Access the Portal.
2. Select the Enrollment Tracking Search link in the Providers box on the left side of the Portal home page.
3. Enter the ATN and select Search.

The licensed midwife will receive current information about his or her application, such as whether it is being processed or has been returned for more information.

Wisconsin Medicaid will notify licensed midwives of the status of their enrollment usually within 10 business days, but no longer than 60 days, after receipt of the complete enrollment application. Wisconsin Medicaid will either approve the application and enroll the licensed midwife or deny the application. If the enrollment application is denied, Wisconsin Medicaid will give the applicant reasons, in writing, for the denial.

Licensed midwives who meet the enrollment requirements will be sent a welcome letter and a copy of the provider agreement. Included with the letter will be an attachment with important information, such as effective dates and the assigned provider type and specialty. This information will be used when conducting business with Wisconsin Medicaid.

## **Effective Date of Enrollment**

The initial effective date of a licensed midwife's enrollment will be based on the date Wisconsin Medicaid receives the complete and accurate enrollment application materials. An application is considered complete when all required information has been accurately submitted and all supplemental documents have been received by Wisconsin Medicaid.

## **Revalidation Requirements**

All Medicaid-enrolled providers are required to revalidate their enrollment information every three years to continue their participation with Wisconsin Medicaid. During the revalidation process, licensed midwives will update their enrollment information and sign the Wisconsin Medicaid Provider Agreement and Acknowledgement of Terms of Participation.

## ***Provider Revalidation Notice***

Licensed midwives will receive a Provider Revalidation Notice in the mail from ForwardHealth when it is time to undergo revalidation. The Provider Revalidation Notice will specify the midwife's revalidation date. Licensed midwives will have 30 days from their revalidation date to submit their revalidation application. Revalidation can be completed online via a secure revalidation area on the Portal. Licensed midwives will be able to check their revalidation date at any time by logging in to their secure Provider Portal account and clicking the Check My Revalidation Date link in the Home Page section.

*Note:* Licensed midwives will not be able to revalidate their enrollment prior to their revalidation date or after the 30-day deadline for revalidating.

### ***Failure to Revalidate Enrollment***

Licensed midwives who fail to submit their revalidation application by the deadline will be terminated from Wisconsin Medicaid. To reactivate Medicaid enrollment, the midwife will be required to complete a new provider enrollment application and undergo additional screening activities.

# ATTACHMENT 2

## Allowable Procedure Codes for Licensed Midwives

Effective for dates of service on and after January 1, 2017, the following *Current Procedural Terminology* (CPT) and Healthcare Common Procedure Coding System (HCPCS) procedure codes and modifiers will be reimbursable for licensed midwives. Maximum allowable fees are subject to change. Refer to the maximum allowable fee schedule for the most current reimbursement rates.

<b>Maternity Care Services (Billed Under Mother's Medicaid Identification Number)</b>					
<b>Code</b>	<b>Description</b>	<b>Place of Service</b>	<b>Required Modifier</b>	<b>Optional Modifier</b>	<b>Max Fee*</b>
59025	Fetal non-stress test	11, 12, 25		AQ	\$49.89
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	12, 25		AQ	\$1,034.39
59409	Vaginal delivery only (with or without episiotomy and/or forceps)	12, 25		AQ	\$556.70
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care	12, 25		AQ	\$594.72
59425	Antepartum care only; less than 4 visits	11, 12, 25	52	AQ	\$106.47
59425	Antepartum care only; 4-6 visits	11, 12, 25		AQ	\$266.18
59426	Antepartum care only; 7 or more visits	11, 12, 25		AQ	\$456.39
59430	Postpartum care only (separate procedure)	11, 12, 25		AQ	\$92.34
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	11,12, 25			\$3.31
J2790	Injection, Rho D immune globulin, human, full dose, 300 mcg (1500 IU)	11, 12, 25			\$81.73
S8415	Supplies for home delivery of infant	12, 25			\$75.00

**Newborn Care Services (Billed Under the Newborn's Medicaid ID)**

<b>Code</b>	<b>Description</b>	<b>Place of Service</b>	<b>Required Modifier</b>	<b>Optional Modifier</b>	<b>Max Fee*</b>
92586**	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited	11, 12			\$75.00
94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device [i.e., oxygen therapy]	12, 25		AQ	\$10.73
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	12, 25			\$3.31
99460	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant	25		AQ	\$97.59
99461	Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center	12		AQ	\$69.69
99465	Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output	25		AQ	\$81.54
J3430	Injection, phytonadione (vitamin K), per 1 mg	12, 25			\$3.38/per unit (1 mg)
S3620	Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (e.g. galactose; hemoglobin, electrophoresis; hydroxyprogesterone, 17-D; phenylalanine (PKU); and thyroxine, total)	12, 25			\$115.00

\* All services are billable as one unit unless otherwise indicated.

\*\* Procedure code 92586 will be reimbursed only following a newborn's failed hearing screening, which must be indicated with a valid and appropriate *International Classification of Diseases, 10<sup>th</sup> Revision* diagnosis code.

# ATTACHMENT 3

## Allowable Modifiers

Allowable modifiers and descriptions for licensed midwife services are listed in the following table.

*Note:* ForwardHealth accepts all valid *Current Procedural Terminology* (CPT) and Healthcare Common Procedure Coding System (HCPCS) modifiers. Providers should refer to CPT and HCPCS code books for information on appropriate use of modifiers.

Modifier Codes	
Code	Description
52	Reduced Services (use when fewer than four antepartum visits provided)
AQ	Physician providing a service in an unlisted health professional shortage area (HPSA) <i>Note:</i> While the AQ modifier is defined for physicians only, any Medicaid HPSA-eligible provider may use the modifier when appropriate.

# ATTACHMENT 4

## Examples of Allowable Diagnosis Codes

All codes indicated on submissions to ForwardHealth are required to be valid codes. ForwardHealth has identified commonly used allowable diagnosis codes for routine, uncomplicated maternity and newborn care services, which are listed in the table below. Licensed midwives are reminded that this list is not an exhaustive list of allowable diagnosis codes and is intended to provide examples only. Other diagnosis codes representing maternity and newborn care may be appropriate for submission.

Licensed midwives should submit the most appropriate diagnosis code as supported in the medical record and are responsible for keeping current with diagnosis code changes. Claims submitted that do not include an appropriate and valid diagnosis code may be denied.

<b>Diagnosis Examples for Newborn Care Services</b>	
<b>Diagnosis Code</b>	<b>Description</b>
Z38.00	Single liveborn infant, delivered vaginally (Only Birthing Center)
Z38.1	Single liveborn infant, born outside hospital
Z00.110	Health Examination for newborn under 8 days old
Z00.111	Health Examination for newborn 8 to 28 days old
Z00.121	Encounter for routine child health examination with abnormal findings
Z00.129	Encounter for routine child health examination without abnormal findings
P09	Abnormal findings on neonatal screening
Z01.110	Encounter for hearing examination following failed hearing screening
Z13.0	Encounter for screening for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
Z13.228	Encounter for screening for other metabolic disorders [e.g., PKU, galactosemia]

<b>Diagnosis Code Examples for Maternity Care Services*</b>	
<b>Diagnosis Code</b>	<b>Description</b>
Z29.13	Encounter for prophylactic Rho(D) immune globulin
Z34.00	Encounter for supervision of normal first pregnancy, unspecified trimester
Z34.01	Encounter for supervision of normal first pregnancy, first trimester
Z34.02	Encounter for supervision of normal first pregnancy, second trimester
Z34.03	Encounter for supervision of normal first pregnancy, third trimester
Z34.80	Encounter for supervision of other normal pregnancy, unspecified trimester
Z34.81	Encounter for supervision of other normal pregnancy, first trimester
Z34.82	Encounter for supervision of other normal pregnancy, second trimester
Z34.83	Encounter for supervision of other normal pregnancy, third trimester
Z34.90	Encounter for supervision of normal pregnancy, unspecified, unspecified trimester
Z34.91	Encounter for supervision of normal pregnancy, unspecified, first trimester
Z34.92	Encounter for supervision of normal pregnancy, unspecified, second trimester
Z34.93	Encounter for supervision of normal pregnancy, unspecified, third trimester
Z37.0	Single Live Birth
Z39.0	Encounter for care and examination of the mother immediately after delivery

**Diagnosis Code Examples for Maternity Care Services\***

<b>Diagnosis Code</b>	<b>Description</b>
O80	Encounter for full-term uncomplicated delivery

- \* 1st trimester: Fewer than 14 weeks, 0 days
- 2nd trimester: 14 weeks, 0 days, to fewer than 28 weeks, 0 days
- 3rd trimester: 28 weeks, 0 days, until delivery

# ATTACHMENT 5

## Allowable Place of Service Codes

Medicaid reimbursable licensed midwife services must be performed in an allowable place of service (POS). Allowable POS codes for licensed midwives are listed in the following table.

Place of Service Codes	
Code	Description
11	Office
12	Home
25	Birthing Center



# ATTACHMENT 6

## Searching for an Online Handbook Topic

Providers use the following steps to search for a topic in the ForwardHealth Online Handbook:

1. Go to the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).
2. Select Online Handbooks from the Providers box on the left side of the page.
3. Click Advanced Search in the Select from the following options area to display the Advanced Search panel.
4. Enter a topic number (or any other key word) into the text box and click Search. All records matching the search criteria will be displayed on the left side of the screen.
5. Click show links to display the hyperlink to the topic.

*Note:* If multiple hyperlinks display after clicking show links, click any link to retrieve the topic information. All of the links on the list refer to the same topic as found in the various service areas of the Online Handbook.